

PLEASE PRINT

#### STATE OF NEW HAMPSHIRE

#### 2018 Statement of Income and Expenses for LOBBYISTS

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APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

## (RSA Chapter 15)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karoutas, Leann Moccia, Chris Herr

Legislative Solution	is, L.L.C.		
(Name of partnership, firm	or corporation)		
P.O. Box 10724	Bedford	NH	03110
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603- 860-3682	)	e-mail senclegg	@aol.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which a	re not attributable to	any one client).	
All reportable transactions occurring in	the months prior to the	ne reporting date relative to	the following client:
		inst the Death Penalty	
(Full Name of Client OR	as it appears on the Lob	byist Registration Form)	
☐ All reportable transactions by the lobby unrelated to any particular client.	ist (including the lobb	yist's family), or the lobbyi	ng firm listed below which
IV. Date of Report April 25, 2018 Reports cover: activity from date of regista		July 25, 2018 activity from 4/1/18 to 6/30/1	8
October 31, 2018 activity from 7/1/18 to		January 30, 2019 activity from 10/1/18 to 12/3	31/18
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.			
/I. Check if additional reports are attac	hed:		
If you have received fees or made expe		e Addendum A-Fees and	Expenses
If you have paid an honorarium or rein Expense Reimbursement			
☐ If you, your firm, or your family has n	nade political contribut	tions, you must file Addend	um C- Political Contribu
Sworn Statement/Affirmation by Lobby have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge	and RSA 664 and her	reby swear or affirm that the	foregoing information is
Folial Class		April 9, 2018	
(Signature of lobbyist)		(D	ate)
Robert Clegg			
(Print Name of lobbyist)	- <del></del>		

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#### STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



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I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karou	tas, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Coalition Against the Death Penalty	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 15,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>15,000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm a aggregate total of all expenses paid expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person ad with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political policy is the period of greater than \$50, expense reimbursement, or political policy is the period of greater than \$50, expense reimbursement, or political policy is the period of greater than \$50, expense reimbursement, or political policy is the period of greater than \$50, expense reimbursement, or political policy is the period of greater than \$50, expense reimbursement, or political policy is the period of greater than \$50, expense reimbursement, or political policy is the period of greater than \$50.00 for the
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>15,000.00</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI	c) \$ 0

(This should be the amount on line f of addendum A for last month's report)  f) Total of all expenses year to date  VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from lobb period, including by whom paid or to whom charged.  Paid to:	s) \$ 0  15,000.00  bying fees during this reporting amount:
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from lobb period, including by whom paid or to whom charged.  Paid to:	oying fees during this reporting
Provide the following detail for all expenditures of more than \$25 made from lobb period, including by whom paid or to whom charged.  Paid to:	
	umount:
	<u> </u>
	S
	S
	S
	S
	S
Sworn Statement/Affirmation by Lobbyist  have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm the strue and complete to the best of my knowledge and belief.	nat the foregoing information
Signature of lobbyist)	April 9, 2018
7	(Date)
Robert Clegg (Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying par	rtnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	New Hampshire	Coalition Against the Dea	th Penalty
Date of Report (check	one):		
April 25, 2018 🐧	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
,	•		•
			d Expenses described above, and mber of Addendum forms being
Addendum A(	s).		
Addendum B(	s).		
Addendum C(	s).		
•	f my knowledge and be	titef.	t and each Addendum is true and  9, 2018 (Date)
Debra Vanderbeek			
(Print Name of Johnvi	ot)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying part	nership, firm, or corpor	ration: Legislative Solutio	ns, L.L.C.
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client):	New Hampshire	Coalition Against the Dea	ath Penalty
Date of Report (check o	one):		
April 25, 2018 💆	July 25, 2018 □	October 31, 2018 🗆	January 30, 2019 □
I have read RSA 15, RS the following Addendu submitted):	SA 15-B, RSA 664, the ms submitted with tha	e Statement of Income ar t Statement (insert the nu	nd Expenses described above, and umber of Addendum forms being
Addendum A(s)			
Addendum B(s)			
Addendum C(s)			
I hereby swear or affirm complete to the best of r			at and each Addendum is true and
5 5 5 5 5	<i>T</i>	April	9, 2018
(Signature of Lobbyist)			(Date)
Periklis Karoutas	<del>_</del>	<del></del>	
(Print Name of lobbyist)	<b>(</b>		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying parti	nership, firm, or corpo	ration: Legislative Solu	utions, L.L.C.
Name of Client (leave b	lank if Statement is fo	or the partnership, firm	, or corporation and not related to any
particular client):	New Hampshire	Coalition Against the	Death Penalty
Date of Report (check o	ne):		
April 25, 2018 💆	July 25, 2018 □	October 31, 2018	January 30, 2019 □
I have read RSA 15, RS the following Addendur submitted):	SA 15-B, RSA 664, then submitted with the	ne Statement of Income at Statement (insert th	e and Expenses described above, and e number of Addendum forms being
Addendum A(s)			
Addendum B(s)			
Addendum C(s).			
I hereby swear or affirm complete to the best of n (Signature of lobbyist)		ief.	ment and each Addendum is true and pril 9, 2018 (Date)
Leann Moccia			
(Print Name of lobbyist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Name of Lobbying part	nership, firm, or corpo	ration: Legislative Solution	s, L.L.C.
Name of Client (leave b	olank if Statement is fo	r the partnership, firm, or o	corporation and not related to any
particular client):	articular client): New Hampshire Coalition Against the Death Penalty		
Date of Report (check of	one):		
April 25, 2018 反	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
•			d Expenses described above, and mber of Addendum forms being
Addendum A(s	).		
Addendum B(s	).		
Addendum C(s	).		
I hereby swear or affirm complete to the best of (Signature of lobbyist)		ief.	t and each Addendum is true and  9, 2018 (Date)
(Signature of lobby) ist)			(Date)
Chris Herr			
(Print Name of Johnvist	1		